

Kentucky Transportation Cabinet Division of Right of Way and Utilities RELOCATION PAYMENT SUMMARY

COUNTY		ITEM NO. PAR			RCEL		NAME			SS / TAX ID NO.		
FUND	DEPT	UNIT	LOCATION	FUNC	TION SUE	ION	PROGRAM	FEDERAL NUMBER		STATE EMP?	OWNER	TENANT
	625	2800			7 0.10							
PROJECT								Make Check Payable To: (name, address and phone number,				
									•	•	·	,
IN	VOICE N	O.	C	CHECK NO.			CHECK DATE					
CHECK DELIVERED BY							DATE					
								Vendor No.				
MAIL CHECK TO: DISTRICT						☐ CONSULTANT						
Explana	ation/Sp	ecial In	structions:									
Non-Residential			Δr	Amount		ini	Object	Residential		Amount	Termini	Object
Reestablishment			- Zu		REX		E792	Purchase Supplement		Amount	PSXX	E792
In Lieu of Move					ILX		E792	Rent Supplement			RSXX	E792
								Down Payment				
Move Expense					NRM	1X	E792	Assistance			DPXX	E792
								Incidental Expense Increased Interest			IEXX	E792 E792
								Last Resort Housing			LRXX	E792
								Handicap Acce			HAXX	E792
								Move Expense	-		RMXX	E792
TOTAL												
All Payment Requests Must Be Submitted With Required Claim Forms and Documentation.												
Project Manager's Approval Only Required On Fee Projects.									TOTAL			
Approved in District by:								For Central C	Office Use	•		
Right of Way Agent Date								-				
night of way Agent Date												
Project Management								_				
Project Manager Date												
Right of Way Supervisor Date								Approved By: Central Office Date				